

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 730711

**Entity Name:** WEST VOLUSIA KENNEL CLUB, INC.

**Current Principal Place of Business:**

765 CASSADAGA RD  
LAKE HELEN, FL 32744

**Current Mailing Address:**

P.O. BOX 1723  
DELAND, FL 32724 US

**FEI Number:** 59-1676018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DRIGGERS, CATHY  
765 CASSADAGA RD  
LAKE HELEN, FL 32744 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CATHY DRIGGERS

10/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DRIGGERS, CATHY  
Address        765 CASSADAGE RD  
City-State-Zip: LAKE HELEN FL 32744

Title            DIRECTOR  
Name            SHEPHARD, SUSAN  
Address        938 FEATHER DRIVE  
City-State-Zip: DELTONA FL 32725

Title            DIRECTOR  
Name            FOSTER, BAIN  
Address        PO BOX 408  
City-State-Zip: ASTOR FL 32102

Title            TREASURER  
Name            POUNDS, DEE  
Address        2931 NORVELL CT  
City-State-Zip: DELTONA FL 32738

Title            VP  
Name            MERCHANT, GINNY  
Address        38741 ILEX TRAIL  
City-State-Zip: EUSTIS FL 32736

Title            DIRECTOR  
Name            JAKOB, DEBORAH  
Address        3175 GRAND AVE  
City-State-Zip: DELAND FL 32720

Title            DIRECTOR  
Name            WAGNER, TERRY  
Address        2281 ALTON RD  
City-State-Zip: DELTONA FL 32738

Title            DIRECTOR  
Name            AVELLINO, MARK  
Address        875 TATER ROAD  
City-State-Zip: NEW SMYRNA BEACH FL 32168

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY DRIGGERS

PRESIDENT

10/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DANHAUER, JIM  
Address        P.O. BOX 1723  
City-State-Zip: DELAND FL 32724

Title           SECRETARY  
Name           SHRANK, SUSAN  
Address        P.O. BOX 1723  
City-State-Zip: DELAND FL 32724